

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1														
2		1						51							
3		1						52							
4		1						53							
5		1						54							
6		1						55							
7		1						56							
8		1						57							
9		1						58							
10		1						59							
11		1						60							
12		1						61							
13		1						62							
14		1						63							
15		1						64							
16		1						65							
17		1						66							
18		1						67							
19		1						68							
20		1						69							
21								70							
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35								84							
36								85							
37								86							
38								87							
39								88							
40								89							
41								90							
42		0						91							
43		1						92							
44								93							
45								94							
46								95							
47								96							
48								97							
49								98							
50								99							
								100							
TOTAL IND.	1							TOTAL IND.							
TOTAL DEP.	21							TOTAL DEP.							
TOTAL CLAIMS	22							TOTAL CLAIMS							

BEST AVAILABLE COPY